

**BOARD OF PUBLIC UTILITIES**

Two Gateway Center  
Newark, NJ 07102  
(973) 648-2066

**File No.** \_\_\_\_\_

Under the provision of N.J.A.C: 14:3-4.6, I hereby request a test of the gas meter measuring gas supplied to me at the following premises.

**Please Print:****Name** \_\_\_\_\_ **Date** \_\_\_\_\_**Address** \_\_\_\_\_**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Home Telephone :** \_\_\_\_\_**Signed** \_\_\_\_\_ **Business Telephone:** \_\_\_\_\_**Mailing Address if different from above:****Address** \_\_\_\_\_**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Please provide the following information, which can be found on the meter:

- a. **Gas Company** \_\_\_\_\_
- b. **Gas Company's Meter Number** \_\_\_\_\_
- c. **Manufacturer's Name** \_\_\_\_\_
- d. **Manufacturer's Serial Number** \_\_\_\_\_
- e. **Size of Meter** \_\_\_\_\_

**Remarks** \_\_\_\_\_**Gas Meters**

A meter will be considered accurate if, when measuring gas flow at 20 percent of its rated capacity, it registers and error which is not greater than 2 percent when compared against a Board-certified standard gas provider

Upon application by any customer to the Board, a test of the customer's meter, will be witnessed by a representative of the Board. The test will be made as soon as practicable after receipt of this application and fee, described below, and upon notice to the customer and the utility as to the time and place of said test.

A fee of \$5.00 shall be paid by the customer at the time application is made for the test, in accordance with New Jersey Revised Statutes 48:2-56. Please make check or money order payable to: "Treasurer, State of new Jersey."

